

## Investigator's Motor Vehicle Accident Report

Sheet 1 of 1

2	Total Number of Vehicles	Local No./ District	73	Agency Case No.	BO-022165	HIT & RUN?	<input checked="" type="radio"/> YES <input type="radio"/> NO	INVESTIGATION MADE AT SCENE?	<input type="radio"/> YES <input checked="" type="radio"/> NO			
A1	DATE OF ACCIDENT	M M / D D / Y Y Y Y	03 09 2010	S M T W T H F S	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TIME OF ACCIDENT	(In Military Time)	STATE USE ONLY				
A2	PLACE OF ACCIDENT	COUNTY	Lancaster	POLICE NOTIFIED		PRIVATE PROPERTY?	<input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE				
B		CITY	Lincoln	ONE-WAY STREET?	<input checked="" type="radio"/> YES <input type="radio"/> NO			LONGITUDE				
C	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO.	17th - 'P' - 'Q'	HIGHWAY NO.				SHOULD LOCATION HAVE ENGINEERING STUDY?				
D	DISTANCE FROM MILEPOST	FEET		N S E W	OF MILEPOST			<input type="radio"/> YES <input checked="" type="radio"/> NO				
	IF AT INTERSECTION				IF NOT AT INTERSECTION							
	NAME OF INTERSECTING ROADWAY				OF NEAREST STREET, BRIDGE, RAILROAD CROSSING							
V1/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN							
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4	S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY?						
						<input type="radio"/> YES <input checked="" type="radio"/> NO						
VEHICLE NO. 1												
F	DRIVER LICENSE NO.					STATE (Of License)		SEX	<input type="radio"/> FEMALE <input checked="" type="radio"/> MALE			
V1/N	DRIVER					PHONE		LOCAL NO.				
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP				DATE OF BIRTH (MM / DD / YYYY)		LOCAL NO.				
G	OWNER					PHONE		LOCAL NO.				
	OWNER ADDRESS	CITY, STATE, ZIP				CITATION	<input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.				
H	LICENSE PLATE NO.	1 N T R A N S I T				YEAR (Plate Expires)		STATE (Of Plate)				
V1/O	VEHICLE	1995	Toyota	Avalon	4 door	white	ESTIMATED DAMAGE					
V2/O	VEHICLE ID NO. (VIN)	4 T 1 G B 1 1 E 3 S U 0 4 5 0 4 5				INSURANCE COMPANY	TOTAL \$					
	TOWED TO	TOWED BY				POLICY NO.						
VEHICLE NO. 2												
I	DRIVER LICENSE NO.	H 1 3 0 0 1 7 8 8				STATE (Of License)	NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE			
V1/P	DRIVER	Allison L Goldfein				PHONE	(402) 660-3804	LOCAL NO.				
V2/P	DRIVER ADDRESS	3703 S 17th #A Lincoln, NE 68502				DATE OF BIRTH (MM / DD / YYYY)	05/18/1988	LOCAL NO.				
J	OWNER	Steven A. (05-0587) and Brian J. Behrens (05-1234)				PHONE	(402) 708-1668	LOCAL NO.				
	OWNER ADDRESS	3703 S. 17th #A Lincoln, NE 68502				CITATION	<input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.				
V1/O	LICENSE PLATE NO.	P U Z 5 4 9				YEAR (Plate Expires)	2010	STATE (Of Plate)	NE			
V2/O	VEHICLE	2001	Honda	Civic	2dr.	Red	ESTIMATED DAMAGE					
	VEHICLE ID NO. (VIN)	1 H G E M 2 2 9 2 1 L 0 5 0 1 5 7				INSURANCE COMPANY	TOTAL \$ 2000					
K	TOWED TO	TOWED BY				POLICY NO.	031 181786 09/10					
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)												
VEH. #	NAME	ADDRESS				DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME				EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS				DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME				EMS SERVICE NAME	EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS				DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME				EMS SERVICE NAME	EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.

BO-022165



Indicate North by Arrow

Street widths:  
17th - 49'1"

POI unknown  
as report was  
belated and  
not made at  
scene

not to scale

alley  
17-16/P-Q

N. 17th

to Q St.

alley  
17-18/P-Q

to P St.

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Dr. of Veh #2 reported that on 03-09-10 at approx. 2050 hrs she was driving NB on N. 17th Street in the westernmost lane of traffic. Dr. of Veh #2 stated she observed veh #1 change lanes from lane labeled C into lane B. Dr. of Veh #2 stated she observed Veh #1 to straighten out and then continue into her lane. Dr. of Veh #2 stated she believes Veh #1 was attempting to turn left into the alley. Dr. of Veh #2's front pass side bumper collided with the driver's side of Veh #1. Contact was made w/ driver who stated he owned the vehicle although provided false information.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE
				( ) -	\$
				( ) -	\$

WITNESSES	NAME	ADDRESS	PHONE
			( ) -
			( ) -

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS							
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME	VEHICLE 1		VEHICLE 2		VEHICLE 1				VEHICLE 2				VEH 1		VEH 2			
1	X				N. 17	POINT OF IMPACT	0, 7	POINT OF IMPACT	0, 2	<div> <div>6</div> <div>6</div> </div>				<div> <div>9</div> <div>9</div> </div>				4		1			
2	X				N. 17	MOST DAMAGED AREA	0, 7	MOST DAMAGED AREA	0, 2	<div> <div>6</div> <div>6</div> </div>				<div> <div>9</div> <div>9</div> </div>				Y		Y			
1	0, 6				06 Turning left					<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>				<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>				N		N			
2	0, 1				07 Making U-turn					<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>				<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>				N		N			
						08 Entering traffic lane		09 Leaving traffic lane		<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>				<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>				Y		Y			
						09 Top & windows		10 Undercarriage		<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>				<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>				Y		Y			
						11 Total (all areas)		12 Other		<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>				<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>				Y		Y			
						08 Entering traffic lane		09 Leaving traffic lane		<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>				<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>				Y		Y			
						10 Undercarriage		11 Total (all areas)		<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>				<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>				Y		Y			
						12 Other		13 Unknown		<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>				<div> <div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> </div>				Y		Y			
OFFICER NO. 1437						TROOP/TEAM/BEAT 7b						DEPARTMENT Lincoln Police						Photographs taken? YES NO					
INVESTIGATOR NAME (Print or Type) E. Spilker						INVESTIGATOR SIGNATURE						DATE OF REPORT 03/11/2010											

MAR 14 2010

3.12.10 121/50